

Course Evaluation Form

Course: ABS Vessel Classification Overview (101)

Date: 06 October 2020

1. How would you rate the course overall? 1 2 3 4 5
Poor —————> Excellent
2. How well did the course meet your objectives? 1 2 3 4 5
Poor —————> Excellent
3. How would you rate the quality of the instruction? 1 2 3 4 5
Poor —————> Excellent

Instructor Name: Bill Maxwell

4. What was the main reason for attending this course?
- To learn new skills To improve current skills Mandatory/job requirement
- Supervisor sent me Own initiative Taking someone else's place

Other: _____

5. How would you rate your overall understanding of the subject before and after the course?
- a. **Before:** 1 2 3 4 5
None —————> Complete
- b. **After:** 1 2 3 4 5
None —————> Complete

6. Which of the areas below, if any, would you recommend for improving this course? Mark the areas needing improvement and/or provide your recommendations.

- | Support Processes | Instructor | Course | Course Delivery |
|---|---|---|---|
| <input type="checkbox"/> Fact Sheet | <input type="checkbox"/> Knowledge of subject | <input type="checkbox"/> Visual aids | <input type="checkbox"/> Course too long |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Preparation & organization | <input type="checkbox"/> Materials/handouts | <input type="checkbox"/> Course too short |
| <input type="checkbox"/> Location | <input type="checkbox"/> Presentations | <input type="checkbox"/> Equipment/tools | <input type="checkbox"/> Too much information |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Interaction | <input type="checkbox"/> Workshops | <input type="checkbox"/> Missing information |
| <input type="checkbox"/> Direction to venue | | <input type="checkbox"/> Cases | |
| <input type="checkbox"/> Catering | | | |

Recommendations: _____

7. Please indicate what type of course you would be interested to attend: _____

Name: _____ Job Title: _____

Signature: _____

Thank you for your time. The information you have provided is appreciated and will be considered for future courses.

Would you like the ABS Learning Center to follow up with you on your feedback?

Yes, email _____

No, thanks